



THE UNIVERSITY of TEXAS  
HEALTH SCIENCE CENTER  
AT HOUSTON

## UTHSC MRI Center

6431 Fannin, G.605 Houston, TX 77030

Tel: (713)500-6916 Fax: (713)500-0698

# EXAMINATION ORDER FORM

SCAN TIME/DATE: \_\_\_\_\_ NAME (Study name or Code number): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PT ID# \_\_\_\_\_

PATIENT D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: MALE FEMALE

PATIENT IS: RIGHT HANDED or LEFT HANDED HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

REFERRING PHYSICIAN: Beauchamp PHONE: x5978 FAX: \_\_\_\_\_

DIAGNOSIS: N/A

**PLEASE CHECK EXAM REQUIRED BELOW**

### MRI of Head & Neck

\_\_\_\_\_ Temporomandibular Joint  
\_\_\_\_\_ Orbits/ Face/ Neck  
\_\_\_\_\_ Head, Attention to IACS  
☒ Brain Without Contrast  
\_\_\_\_\_ Brain With & Without Contrast\*  
\_\_\_\_\_ Pituitary With & Without Contrast\*

### MRI of Spine

\_\_\_\_\_ Cervical Without Contrast  
\_\_\_\_\_ Cervical Spine With & Without Contrast\*  
\_\_\_\_\_ Thoracic Without Contrast  
\_\_\_\_\_ Thoracic With & Without Contrast\*  
\_\_\_\_\_ Lumbar Without Contrast  
\_\_\_\_\_ Lumbar With & Without Contrast\*

### MRI of Extremities

\_\_\_\_\_ LEFT Knee  
\_\_\_\_\_ RIGHT Knee

### MRI of Abdomen & Pelvis

\_\_\_\_\_ Abdomen  
\_\_\_\_\_ Pelvis

### MRA

\_\_\_\_\_ Head  
\_\_\_\_\_ Neck

#### **\* REQUIRED INFORMATION FOR ALL CONTRAST ORDERS:**

- Contrast Injection X 1 dose via IVP / Injector (dose 0.2ml/kg with Max dose of 20ml)
- Patient who has a history of Diabetes Mellitis and/or Renal disease will need a STAT Creatinine done (if no serum creatinine has been performed in the last 2 weeks.)

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Special Instructions:**

PRIMARY INVESTIGATOR SIGNATURE: \_\_\_\_\_

ACCOUNT NUMBER FOR CHARGE: 02-25520001-40000-10-0011730-67248